

<i>SERFF Tracking Number:</i>	<i>CCGN-126225058</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>42904</i>
<i>Company Tracking Number:</i>	<i>09-1009</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>
<i>Product Name:</i>	<i>Group Disability Insurance</i>		
<i>Project Name/Number:</i>	<i>Disability Product Enhancements (2009)/09-1009</i>		

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Disability Insurance	SERFF Tr Num: CCGN-126225058	State: ArkansasLH
TOI: H11G Group Health - Disability Income	SERFF Status: Closed	State Tr Num: 42904
Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: 09-1009		State Status: Approved-Closed
Long Term		
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Authors: Eva Midgley, Terri Jones	Disposition Date: 07/14/2009
	Date Submitted: 07/10/2009	Disposition Status: Approved-Closed
		Closed
Implementation Date Requested:		Implementation Date:

State Filing Description:

General Information

Project Name: Disability Product Enhancements (2009)	Status of Filing in Domicile: Not Filed
Project Number: 09-1009	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: Filing not required in domicile state of Pennsylvania
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 07/14/2009	Explanation for Other Group Market Type:
	State Status Changed: 07/14/2009
Deemer Date:	Corresponding Filing Tracking Number:
Filing Description:	

Attached please find the above captioned forms for your review and approval. These forms are new and are not intended to replace any other form currently approved by your department. These forms have not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

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<i>Project Name/Number:</i>	<i>Disability Product Enhancements (2009)/09-1009</i>		

These forms are intended for use with our previously approved group disability forms, LM-6N05 et al and TL-004700 et al, which were approved in your state.

The forms note when certain provisions within the form may be included, deleted or modified, as applicable to a particular policy. Variable material indicated by hard brackets ([]) indicate text that may be included or excluded as requested by the Policyholder. Illustrative material is indicated by soft brackets ({ }). Illustrative material will never be more restrictive than permitted by law. Additionally, variations may result from negotiations between us and the Policyholder.

The referenced forms have been written in readable language and are being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than that required under your law.

Company and Contact

Filing Contact Information

Eva Midgley, Compliance Specialist	eva.midgley@cigna.com
8505 E. Orchard Road	(303) 737-5621 [Phone]
Greenwood Village, CO 80111	(303) 737-6504[FAX]

Filing Company Information

Life Insurance Company of North America	CoCode: 65498	State of Domicile: Pennsylvania
1601 Chestnut Street	Group Code: 901	Company Type:
TL16D		
Philadelphia, PA 19192	Group Name:	State ID Number:
(215) 761-8442 ext. [Phone]	FEIN Number: 23-1503749	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$80.00
Retaliatory?	No
Fee Explanation:	20.00 per form per state requirements
Per Company:	No

SERFF Tracking Number: *CCGN-126225058* *State:* *Arkansas*
Filing Company: *Life Insurance Company of North America* *State Tracking Number:* *42904*
Company Tracking Number: *09-1009*
TOI: *H11G Group Health - Disability Income* *Sub-TOI:* *H11G.005 Combined Short Term and Long Term*
Product Name: *Group Disability Insurance*
Project Name/Number: *Disability Product Enhancements (2009)/09-1009*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$80.00	07/10/2009	29132672

SERFF Tracking Number:	CCGN-126225058	State:	Arkansas
Filing Company:	Life Insurance Company of North America	State Tracking Number:	42904
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TOI:	H11G Group Health - Disability Income	Sub-TOI:	H11G.005 Combined Short Term and Long Term
Product Name:	Group Disability Insurance		
Project Name/Number:	Disability Product Enhancements (2009)/09-1009		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/14/2009	07/14/2009

<i>SERFF Tracking Number:</i>	<i>CCGN-126225058</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group Disability Insurance</i>		
<i>Project Name/Number:</i>	<i>Disability Product Enhancements (2009)/09-1009</i>		

Disposition

Disposition Date: 07/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CCGN-126225058 *State:* Arkansas
Filing Company: Life Insurance Company of North America *State Tracking Number:* 42904
Company Tracking Number: 09-1009
TOI: H11G Group Health - Disability Income *Sub-TOI:* H11G.005 Combined Short Term and Long Term
Product Name: Group Disability Insurance
Project Name/Number: Disability Product Enhancements (2009)/09-1009

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Filing Letter	Approved-Closed	Yes
Form	Administrative Provisions	Approved-Closed	Yes
Form	Conversion Privilege	Approved-Closed	Yes
Form	Continuation of Insurance	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes

SERFF Tracking Number: CCGN-126225058 State: Arkansas

Filing Company: Life Insurance Company of North America State Tracking Number: 42904

Company Tracking Number: 09-1009

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term

Product Name: Group Disability Insurance

Project Name/Number: Disability Product Enhancements (2009)/09-1009

Form Schedule

Lead Form Number: TL-009960.00

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	TL-009960.00	Policy/Cont	Administrative ract/Fratern Provisions al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45	TL-009960 ADMINISTRA TIVE PROVISIONS .pdf
Approved-Closed	TL-009961.00	Policy/Cont	Conversion Privilege ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		46	TL-009961 CONVERSIO N PRIVILEGE.p df
Approved-Closed	TL-009970.00	Policy/Cont	Continuation of ract/Fratern Insurance al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45	TL-009970 CONTINUATI ON OF INSURANCE. pdf
Approved-Closed	TL-009980.00	Policy/Cont	Definitions ract/Fratern al Certificate: Amendmen	Initial		46	TL-009980 DEFINITIONS .pdf

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	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		

ADMINISTRATIVE PROVISIONS

[Premiums]

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

Changes in Premium Rates

The premium rates may be changed by the Insurance Company from time to time with at least {31} days advance written notice. No change in rates will be made until {24} months after the Effective Date. An increase in rates will not be made more often than once in a 12 month period. However, the Insurance Company reserves the right to change the rates even during a period for which the rate is guarantee, if any of the following events take place.

- The Policy terms change
- A division, subsidiary, eligible company, or class is added or deleted
- There is a change of more than {10%, 15%, 20%} in the number of {eligible Employees, Insureds}
- Federal or state laws or regulation affecting benefit obligations change
- Other changes occur in the nature of the risk that would affect the Insurance Company's original risk assessment
- The Insurance Company determines the Employer fails to furnish necessary information

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

Reporting Requirements

The Employer must, upon request, give the Insurance Company any information required to determine who is insured, the amount of insurance in force and any other information needed to administer the plan of insurance.

Payment of Premium

The first premium is due on the Policy Effective Date. After that, premiums will be due monthly unless {the Employer} and the Insurance Company agree on some other method of premium payment.

If any premium is not paid when due, the plan will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

Notice Of Cancellation

{The Employer} or the Insurance Company may cancel the policy as of any Premium Due Date by giving {60 days} advance written notice. If a premium is not paid when due, the Policy will automatically be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

Policy Grace Period

A Policy Grace Period of {31 days} will be granted for the payment of the required premiums under this Policy. This Policy will be in force during the Policy Grace Period. {The Employer} is liable to the Insurance Company for any unpaid premium for the time this Policy was in force.

Grace Period for the {Insured}

If the required premium is not paid on the Premium Due Date, there is a {31 day} grace period after each premium due date after the first. If the required premium is not paid during the grace period, insurance will end {on the last day for which premium is paid}.

If benefits are paid during the Grace Period for the {Insured}, the Insurance Company will deduct any overdue premium from the proceeds payable under the Policy.

Reinstatement of Insurance

{An Employee's} insurance may be reinstated if it ends {because he or she is on an unpaid leave of absence}. If {an Employee's} Active Service ended due to an approved leave pursuant to the Family and Medical Leave Act (FMLA) and Continuation of Insurance is not applicable, {an Employee's} insurance may be reinstated at the conclusion of the FMLA leave.

If {an Employee's} Active Service ends due to {an Employer} approved unpaid leave of absence, other than an approved FMLA leave, insurance may be reinstated only:

1. If the reinstatement occurs within {12 weeks} from the date insurance ends, or
2. When returning from military service pursuant to the Uniformed Services Employment Act of 1994 (USERRA).

Optional: Included at the option of the Policyholder:

[If {an Employee's} Active Service ends due to Temporary Layoff, insurance may be reinstated only if the reinstatement occurs within {31 days to 12 months} from the date insurance ends.]

For insurance to be reinstated the following conditions must be met:

1. {An Employee} must be in a Class of Eligible Employees.
2. The required premium must be paid.
3. [The Insurance Company must receive a written request for reinstatement within 31 days from the date {an Employee} returns to Active Service.]

Reinstated insurance will be effective on the date {the Employee} returns to Active Service. If {an Employee} did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) before insurance ended due to {an unpaid leave of absence, Temporary Layoff}, credit will be given for any time that was satisfied.

Conversion Privilege for Disability Insurance Benefits

If {an Employee's} insurance ends [because {employment with the {Employer} ends, or {an Employee} is laid off or on an uninsured leave of absence},] {he or she} may be eligible for conversion insurance.

To be eligible, {an Employee} must have been insured for Disability Benefits and actively at work for at least {12 straight months}. {An Employee} must apply for conversion insurance within {62 days} after insurance under this Policy ends or within {31 days} of the date notice is given to apply for a converted policy or certificate, whichever is later. In no event will the conversion period be extended beyond {105 days} from the date insurance ends.

The benefits of the conversion plan will be those benefits offered at the time {the Employee} applies. The premium will be based on the rates in effect for conversion plans at that time.

Conversion insurance is not available if any of the following conditions apply:

1. {the Employee} {is} retired or age {70} or older;
2. {the Employee} {is} not in Active Service because of Disability;
3. the Policy is canceled for any reason;
- [4. {the Employee} {is} no longer in a Class of Eligible {Employees}, but {is} still employed by the Employer.]]

CONTINUATION OF INSURANCE

This Continuation of Insurance provision modifies the Termination of Insurance provision to allow insurance to continue under certain circumstances if the Insured Employee is no longer in Active Service. Insurance that is continued under this provision is subject to all other terms of the Termination of Insurance provisions.

Disability Insurance continues if an Employee's Active Service ends due to a Disability for which benefits under the Policy are or may become payable. [Premiums for the Employee will be waived while Disability Benefits are payable.] If the Employee does not return to Active Service, this insurance ends when the Disability ends or when benefits are no longer payable, whichever occurs first.

[If an Employee's Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), insurance will continue up to the later of the period of his or her approved FMLA leave or the leave period required by law in the state in which he or she is employed. Premiums are required for this coverage.]

[If an Employee's Active Service ends due to any {other leave of absence} approved in writing by the Employer prior to the date the Employee ceases work, insurance will continue for an Employee for up to {12 weeks}. Premiums are required for this coverage. An approved leave of absence does not include Furlough, Temporary Layoff or termination of employment.]

Optional: Continuation for FMLA with specified durations included, at the option of the Policyholder:

[If an Employee's Active Service ends due to personal or family medical leave approved timely by the Employer, insurance will continue for an Employee for up to {12 weeks for family medical leave} [and up to {26 weeks} for military family leave]. Premiums are required for this coverage.]

Optional: Continuation for Furlough included, at the option of the Policyholder:

[If an Employee's Active Service ends due to Furlough, insurance will continue for an Employee for up to {30 days}. Premiums are required for this coverage.]

Optional: Continuation for Temporary Layoff included, at the option of the Policyholder:

[If an Employee's Active Service ends due to Temporary Layoff, insurance will continue for an Employee for up to {30 days}. Premiums are required for this coverage.]

[If an Employee's Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, insurance for an Employee will continue until the earlier of:

- [a.] the date the Employee's employment relationship with the Employer terminates;
- [b.] the date premiums are not paid when due;
- [c.] [the end of the 30 day period that begins with the first day of such excused absence;]
- [d.] the end of the period for which such short term absence is excused by the Employer.]

Notwithstanding any other provision of this policy, if an Employee's Active Service ends due to termination of employment, or any other termination of the employment relationship, insurance will terminate and Continuation of Insurance under this provision will not apply.

If an Employee's insurance is continued pursuant to this Continuation of Insurance provision, and he or she becomes Disabled during such period of continuation, Disability Benefits will not begin until the later of the date the Elimination Period is satisfied or the date he or she is scheduled to return to Active Service.

DEFINITIONS

[Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits

[Appropriate Care

Appropriate Care means {the Employee}:

1. Has received treatment, care and advice from a Physician who is qualified and experienced in the diagnosis and treatment of the conditions causing Disability. If the condition is of a nature or severity that it is customarily treated by a recognized medical specialty, the Physician is a practitioner in that specialty.
2. Continues to receive such treatment, care or advice as often as is required for treatment of the conditions causing Disability.
3. Adheres to any treatment plan prescribed by the Physician, including the taking of medications.]

[Furlough

Furlough means a temporary suspension or alteration of Active Service initiated by the Employer, for a period of time specified in advance not to exceed {30 days} [at a time].]

[Temporary Layoff

Temporary Layoff means a temporary suspension of Active Service for a period of time determined in advance by the Employer, other than a Furlough as defined. Temporary Layoff does not include the permanent termination of Active Service (including but not limited to a job elimination), which shall be treated as termination of employment.]

Covered Earnings

Covered Earnings means {an Employee's} wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date Disability begins. {It does not include amounts received as bonus, commissions, overtime pay or other extra compensation}. [If, in the Insurance Company's opinion, an Employee's compensation immediately prior to Disability is not a fair reflection of the Employee's compensation over a representative period of time prior to Disability, due to reduction in work hours or pay, a Furlough, whether temporary or periodic, or a Temporary Layoff, the Insurance Company reserves the right to determine Covered Earnings based on actual earnings over such a representative period of time.]

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 07/14/2009
Comments:
Attachment:
LINA Flesch Cert.pdf

Satisfied -Name: Application **Review Status:** Approved-Closed 07/14/2009
Comments:
TL-009320
3/24/06

Satisfied -Name: Filing Letter **Review Status:** Approved-Closed 07/14/2009
Comments:
Attachment:
filing Letter.pdf

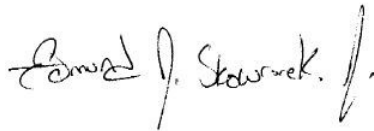
Life Insurance Company of North America
1601 Chestnut Street
P.O. Box 7716
Philadelphia, PA 19192-2235

READABILITY CERTIFICATION

We, the Life Insurance Company of North America, certify that we have carefully scored the forms listed below, using the Flesch Readability Test, in accordance with applicable readability standards. Each form was scored separately and in its entirety. These scores are set forth below.

Form Number	Description of Form	Score
TL-009960.00	Administrative Provisions	45.3
TL-009961.00	Conversion Privilege for Disability Insurance Benefits	45.5
TL-009970.00	Continuation of Insurance	45.1
TL-009980.00	Definitions	45.7

Signature: _____



Name: Edmund J. Skowronek Jr.

Title: Assistant Secretary

Date: 7/8/2009



CIGNA Group Insurance
Life • Accident • Disability

TL16D
1601 Chestnut Street
Philadelphia, PA 19192
Telephone 303-729-8467
Facsimile 303-729-8433
Eva.Midgley@cigna.com

July 10, 2009

Commissioner Jay Bradford
Arkansas Insurance Department
Health Filings
1200 West 3rd Street
Little Rock, Arkansas

Re: Life Insurance Company of North America

Group Disability Insurance

NAIC #: 0901 – 65498
FEI Number: 23-1503749
Company ID#: 09-1009
SERFF FILING #: CCGN-
126225058

Administrative Provisions (TL-009960.00)
Conversion Privilege for Disability Insurance Benefits
(TL-009961.00)
Continuation of Insurance (TL-009970.00)
Definitions (TL-009980.00)

Dear Commissioner:

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We appreciate you taking the time to review these forms and trust that you will find everything in order. If you should have any questions or require additional information, please do not hesitate to e-mail me at *eva.midgley@cigna.com or call me collect at 303.729.8467.*

Very truly yours,

Eva Midgley